



**CONSULATE GENERAL OF THE  
UNITED STATES OF AMERICA**

**American Citizens Services, Hong Kong**

Tel: 852-2841-2211, Fax: 852-2845-4845, e-mail: acshnk@yahoo.com

In accordance with the Privacy Act (PL 93-579) passed by Congress in 1974, the Consulate cannot release any information regarding you that is not considered to be in the public domain to anyone without your written consent except as set forth in the Act. Therefore, it is requested that you complete the authorization below specifying whom the Consulate General may contact and release information to with regard to your case. Please return the completed authorization to the Consular Officer or to the American Consulate General, 26 Garden Road, Hong Kong.

**AUTHORIZATION FOR THE RELEASE OF INFORMATION UNDER THE PRIVACY ACT**

I, \_\_\_\_\_, do hereby authorize the Consulate General  
(your name)  
of the United States of America at Hong Kong and the Department of State to release information regarding me to the following:

**A. NAMES AND CONTACTS OF PERSON(S) YOU WISH THE CONSULATE TO CONTACT**

1.	Name: _____	Relationship: _____
	Address: _____	
	Tel: _____	Fax: _____ e-mail: _____
2.	Name: _____	Relationship: _____
	Address: _____	
	Tel: _____	Fax: _____ e-mail: _____
3.	Name: _____	Relationship: _____
	Address: _____	
	Tel: _____	Fax: _____ e-mail: _____

**B. IN THE EVENT OTHER PERSONS REQUEST INFORMATION REGARDING MY CASE,**

**INFORMATION CAN BE RELEASED TO THE FOLLOWING:**

- |                              |                             |  |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Family (other than those listed under item A)  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Friends (other than those listed under item A) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Individual members of Congress                 |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Members of the Press                           |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | The General Public                             |

Information will only be released under Item B if requested and if we have your authorization.

\_\_\_\_\_  
(date and place)

\_\_\_\_\_  
(Signature of individual)  
(individual's name)

<p><b>PRIVACY ACT NOTICE FOR USE WHEN REQUESTING INFORMATION FROM U.S. CITIZENS IN CONNECTION WITH CONSULAR SERVICES</b></p>
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The information requested is authorized by 22 USC 2658 and is voluntary.

The primary purpose for soliciting the information is to establish your citizenship, identity, and entitlement to welfare and protection services by the U.S. Government. The information is also needed to assist you in your present need for consular services.

This information may be made available on a need-to-know basis to personnel of the Department of State and other Government agencies having statutory or other lawful authority to maintain such information in the performance of their official duties. It may also be made available to officials of the host government, should the disclosure of such information be considered to be in your interest.

Failure to provide the information requested on this form may make it difficult or impossible for the Department of State to assist you.